

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>09/25/2018</u>	Date Stamp Page 1 of 13	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No. <u>169402-13</u>			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			
<input type="checkbox"/> Amendment to Report No. _____ (explain below)			No. of Pages <u>13</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/18/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:148	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5.85
09/18/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:149	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$22.94
09/18/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:150	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2.78

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>09/25/2018</u>	Date Stamp Page 2 of 13	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No. <u>169402-13</u>			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			
<input type="checkbox"/> Amendment to Report No. _____ (explain below)			No. of Pages <u>13</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/18/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$115.91
09/19/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:152	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$40.98
09/19/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:153	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$14.41

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>09/25/2018</u>	Date Stamp Page 3 of 13	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No. <u>169402-13</u>			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			
<input type="checkbox"/> Amendment to Report No. _____ (explain below)			No. of Pages <u>13</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/20/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:154	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$32.16
09/20/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:155	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$89.51
09/20/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:156	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$129.74

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>09/25/2018</u>	Date Stamp Page 4 of 13	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No. <u>169402-13</u>			
STREET ADDRESS 					
CITY Sacramento	STATE CA	ZIP CODE 95814	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages <u>13</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/20/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:157	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2.37
09/20/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:160	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$18.00
09/21/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:161	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$193.19

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>09/25/2018</u>	Date Stamp Page 5 of 13	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No. <u>169402-13</u>			
STREET ADDRESS 					
CITY Sacramento	STATE CA	ZIP CODE 95814	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages <u>13</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/21/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:162	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3.00
09/21/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:163	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15.18
09/24/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:165	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$18.10

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>09/25/2018</u>	Date Stamp Page 6 of 13	<div style="background-color: black; color: white; padding: 10px; display: inline-block;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No. <u>169402-13</u>			
STREET ADDRESS 					
CITY Sacramento	STATE CA	ZIP CODE 95814			
<div> <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> </div>			No. of Pages <u>13</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/24/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:166	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3.79
09/24/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:167	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.11
09/24/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:168	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3.50

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>09/25/2018</u>	Date Stamp Page 7 of 13	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No. <u>169402-13</u>			
STREET ADDRESS 		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>			
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages <u>13</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/24/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:169	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15.44
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing 09/25/2018	Date Stamp Page 8 of 13	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757		I.D. NUMBER (if applicable) 1401304	Report No. 169402-13		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages 13		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: NON:S497:169

In-kind contribution for graphics

Memo Reference: NON:S497:168

In-kind contribution for data

Memo Reference: NON:S497:167

In-kind contribution for mail production and postage differential

Memo Reference: NON:S497:166

In-kind contribution for graphics

Memo Reference: NON:S497:165
In-kind contribution for printing

Memo Reference: NON:S497:163
In-kind contribution for data

Memo Reference: NON:S497:162
In-kind contribution for graphics

Memo Reference: NON:S497:161
In-kind contribution for printing

Memo Reference: NON:S497:160

In-kind contribution for graphics

Memo Reference: NON:S497:157

In-kind contribution for data

Memo Reference: NON:S497:156

In-kind contribution for mail production and postage differential

Memo Reference: NON:S497:155

In-kind contribution for printing

Memo Reference: NON:S497:154

In-kind contribution for graphics

Memo Reference: NON:S497:153

In-kind contribution for data

Memo Reference: NON:S497:152

In-kind contribution for printing

Memo Reference: NON:S497:151

In-kind contribution for mail production and postage differential

Memo Reference: NON:S497:150
In-kind contribution for data

Memo Reference: NON:S497:149
In-kind contribution for printing

Memo Reference: NON:S497:148
In-kind contribution for graphics
